

## **HIPAA Notice of Privacy Practices**

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment of health care operations (TPO) and for other purposes that are permitted by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of PHI**

Your protected health information may be used and disclosed by you physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical student's licensing, and conducting or arranging for other business activities. We may also use your PHI as needed to remind you of appointments.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Required Uses and Disclosures: Under law, we must make disclosures to you when required by the Secretary if the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** WILL BE MADE ONLY WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT UNLESS REQUIRED BY LAW.

**You may revoke this authorization,** at any time, in writing, except to the extent that your physician or the physician's practice has taken and action in reliance on the use of disclosure indicated in the authorization.

**Your Rights:** Following is a statement of your rights with respect to your PHI.

**You have the right to inspect and copy your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of TPO. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of you PHI, then your PHI will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request and receive confidential communication from us by alternative means or at an alternative location.** You have the right to obtain a paper copy of this notice from use, upon request.

**You may have the right to have your physician amend your PHI.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdrawal as provided in this notice.

### **Complaints**

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our privacy of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

We require by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with request to PHI. If you have any objections to this form, please ask to speak with the HIPAA Compliance Officer by phone at our main phone number.

Signature below in only an acknowledgement that you have received this Notice of our Private Practices: